## APPLICATION FOR DESIGNATION OF AGENT BY INDIVIDUAL WITH A DISABILITY 13-1-116, MCA and 44.3.115, ARM

Voter's Name (please)	print)			
Voter's Address (where you live)		City, State, Zi	City, State, Zip Code	
AUTHORIZATION	OF VOTER:			
Whenever my signatur	e is required, I, an individu	al with a disability, hereby designate		
to act as my agent for t	he purpose of signing elec	tion documents.	(please print name)	
Signature or identifyin	g mark of voter (if possible	<u></u>		
any time by providing individual's employer, an agent is the voter's	written notice to the election or an officer or agent of the employer or employer's	on administrator. An agent must not be voter's union. An election official m	sons. A voter may revoke this agency at e the elector's employer, an agent of the nust ask if the person being designated r's union. If the proposed agent is one of	
Witness	(print and sign name)			
Witness	(print and sign name)			
DIRECTIONS TO A	GENT:			
The agent shall sign ele	ection documents, except to	he precinct register*, in the following needs to be a constant of the control of	manner:	
(voter's name)	(agent	's name)		
		the register on Election Day, the agent e. 13-1-116(5), Montana Code Annota	shall sign the voter's name in the register ted	
AFFIDAVIT AND A	GENT SIGNATURE:			
I shall deliver this or application.	iginal application to the	local election administrator upon con	mpletion and shall retain a copy of this	
	ast perform my duty as an on throughout the voting p		nd that the voter has a right to be free of	
	•	· ·	o complete or cast the ballot, or coerce the 2 of the Montana Code Annotated and	
Designated Agent		Date		